



WE ARE WOMEN'S

2020

**HEALTHCARE
REVOLUTIONIZED**



On the Cover

Top Row, L-R: Sarah McCarthy,
Emery Potter, Dhara Desai,
Laura Pus, Heather McPherson,
Dr. Aisha Lofters, Dr. Sarah Warden,
Jennifer Bernard.

Bottom Row, L-R: Elaine Goulbourne,
Dr. Sheila Riazzi, Dr. Lisa Richardson,
Sukhpreet Kainth, Ian Stanaitis,
Dr. Payal Agarwal, Dr. Sacha Bhatia.

HEALTHCARE REVOLUTIONIZED

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Come Extraordinary Impact**



A MESSAGE FROM OUR LEADERS

L-R: Tammy Brown, Chair of the Board of Directors, WCH, and Heather McPherson, President and CEO, WCH.

In March 2020, Women's College Hospital, like hospitals across Ontario and around the globe, undertook extensive planning, a ramp-down of clinical services and a series of operational pivots to address known and predicted COVID-19 pandemic factors. One of the most significant shifts in these past months has been an accelerated virtual care strategy – converting face-to-face clinical appointments to video visits so that patients are able to see care providers and access necessary healthcare. We opened a COVID-19 assessment centre, created mobile health teams to support vulnerable communities and partnered with a long-term care home to ensure the safety of their residents and staff. We implemented rigorous safety measures to screen and mask every person entering the building. We built a new in-patient surgical unit structured to help our health system partners ensure access to required surgical care through the pandemic.

And we did it all without hesitation – sometimes proactively and sometimes reactively depending on the situations at hand. Our staff and physicians volunteered and were redeployed into new and challenging roles. For some, shifts were necessary to ensure safety and services could continue with the support of dedicated teams working from home. For others, the pandemic meant braving work each day on site at the hospital, long-term care sites or shelters.

As leaders, we couldn't be prouder of the response of Our People.

Without exception, the experience of the pandemic has pointed to deepened social, economic and health disparities across the most marginalized communities. There has been a disproportionate impact on the lives and health of individuals who are Black, Indigenous and people of colour. Women's College Hospital is working to lead and create a radically equitable COVID-19 response within our organization and across the system.

The year ahead will require Women's College Hospital to be a driving force for change in our health system as champions of equity and a committed system partner. In the stories that follow, you will witness how teams across the organization have stepped up and stepped out of their daily roles to respond to this global public health emergency – demonstrating ingenuity, collaboration and compassion for patients, community and one another.

We are Women's and together we are *revolutionizing healthcare for a healthier, more equitable world.*

Heather & Tammy

Heather McPherson

President & CEO

Women's College Hospital

Tammy Brown

Chair, Board of Directors

Women's College Hospital



The year ahead will require Women's College Hospital to be a driving force for change in our health system as champions of equity and a committed system partner.

A woman with short, curly blonde hair and black-rimmed glasses stands in front of a white tent. She is wearing light blue medical scrubs and a gold necklace with a small pendant. She holds a clear face shield with a teal headband in her hands. She is also wearing a silver watch, a ring, and several bracelets on her left wrist.

FAST TRACKING HELP

**Mobilizing to provide
COVID-19 testing where
it's needed most**

Opposite page: Dr. Sheila Riazhi at Women's College Hospital's COVID-19 Assessment Centre.

Dr. Sheila Riazhi's alarm goes off at 5 a.m. every morning, and a little over an hour later she is walking through the doors of Women's College Hospital (WCH). Since the beginning of March, Dr. Riazhi has acted as the medical director of WCH's bustling COVID-19 Assessment Centre, which services an average of more than 800 patients per day.

When Canada's first presumptive COVID-19 cases began appearing, hospitals across the country mobilized as the first line of defense in identifying new cases and preventing further spread of the virus. By mid-March, WCH was opening the first COVID-19 Assessment Centre in downtown Toronto.

"We had a lot of stuff to do and we didn't have much time," recalled Dr. Riazhi. "We had a week to open the Centre – but on the Friday before we were supposed to open, the Ministry of Health approached us and said, 'There's no testing centre open in the downtown area this weekend, so can you open up tomorrow?'"

In less than 24 hours, teams from across the hospital had pulled together to get the new Centre off the ground two days ahead of schedule.

Open seven days a week, WCH's COVID-19 Assessment Centre can be accessed in two ways – as a walk-in patient or through the hospital's pre-registration call centre. Unique to WCH, the pre-registration system allows patients go online to sign up for a phone consultation with a WCH physician, who provides an assessment and pre-registers the patient for testing. By completing registration at home, the time it takes for a



patient to complete their COVID-19 test in hospital is reduced from an average of 15 minutes to under five minutes.

Partially due to the pre-registration system, WCH's Centre has earned a reputation for its quick, safe and smooth handling of high test volumes – to the point where the Centre began to see returning patients as regular testing became mandatory for some to return to their jobs or visit loved ones in long-term care.

"It's a team effort," said Jacqueline Follis, an advanced nurse practitioner and interim clinical manager of the COVID-19 Assessment Centre. "From the security staff and navigators to physicians, nurses and cleaning staff – we're all working together to make sure things run smoothly."

But for some patients, an extra level of care is required. "Soon after opening, we identified that many people coming in could benefit from social work facilitation," continued Follis. "Those experiencing homelessness, as well as underhoused folks and individuals in congregate living situations, had no access to spaces where they could safely self-isolate while awaiting their test results." ►

Jacqueline Follis at Women's College Hospital's COVID-19 Assessment Centre.



Jacqueline Follis working with a physician at the WCH COVID-19 Assessment Centre.

Working with WCH's Acute Ambulatory Care Unit (AACU), these patients were provided rooms where clinicians could monitor their care while awaiting their COVID-19 test results. A team of WCH social workers and psychotherapists also worked closely with the patients and community partners, shelters and Inner City Health Associates to locate community accommodation that met their patients' needs, regardless of their COVID status.

However, as the pandemic continued to evolve, it became apparent that coming into the Centre for testing wasn't possible for some of the city's most at-risk populations.

In April, long-term care (LTC)

homes began experiencing severe outbreaks among staff and residents, who are particularly vulnerable to the illness. There was a critical need for widespread testing that, logistically, couldn't be performed at the hospital.

"Our mobile COVID-19 assessment team was set up in half a day," described Dr. Riazi. "On Good Friday, we had the meeting with senior leadership at 9 a.m. and by 5 p.m., everything was ready."

That first weekend, more than 300 tests were administered for residents and staff at the Kensington Gardens and Mon Sheong LTC homes. Over the course of the next four months, more requests for mobile testing poured in from LTC homes, shelters and congregate living facilities. Working with the Toronto region of Ontario Health, a coordinated approach was established among Toronto hospitals to ensure different regions in the city received timely access to testing support. WCH also learned that, for optimal outcomes, follow-up

support was critical for facilities after the mobile team's visit. The hospital established a Community Support Squad (CSS) to provide ongoing COVID-19 education, assistance with infection prevention and control, as well as advice on staffing challenges.

"Our mobile team visited one facility where nearly 25% of the population tested positive – that's a high rate of infection," described Dr. Riazi. "Our CSS team went in to assist with layout and infection prevention. When we went back for follow-up testing a few weeks later, there were no cases."

Since April, the mobile assessment teams have conducted 5,150 tests at 40 sites, including long-term care facilities, shelters, as well as Indigenous health organizations in partnership with WCH's Centre for Wise Practices. Looking forward, building capacity within the community to conduct testing and prevent spread of the virus is a priority for WCH and its partner organizations.



I think what is most important is not how many people we tested but who we tested.

“We are transitioning to more of a support role as our partners at Parkdale Queen West Community Health Centre and Centre for Addiction and Mental Health (CAMH) take the lead on community testing,” said Follis, noting that WCH is ready to adapt to provide support as needed as the pandemic continues to evolve.

Dr. Riazi has since returned to her role as a staff anesthesiologist and her last day as medical director of the COVID-19 Assessment Centre was on August 31. Reflecting on everything that has been accomplished by the WCH team over the course of the pandemic, she said: “Working together with our community partners, we covered large areas of Toronto and have always had high volumes of testing at our Assessment Centre. But I think what is most important is not how many people we tested but who we tested. Women’s College Hospital is a champion of health equity, we want to ensure patients who face the most barriers have access to the care they need. There’s so much to be proud of, but what stands out to me is the culturally safe and compassionate care that our teams deliver every single day.” □



Meet Niru Bhandari

Title & Department: Primary Care Nurse Practitioner, Bay Centre

What is your typical role at WCH?

My role at the Bay Centre is to provide comprehensive sexual and reproductive health care to women of all ages. Care entails contraception care, IUD counseling and insertion, abortion counseling (surgical and medical), STI and pap screening, and annual physical exams. Additionally, I help clients with pregnancy decision-making support, safe sex counseling, and referrals to other services.

How are you supporting WCH during COVID-19?

At the beginning of the pandemic, I was redeployed to the COVID-19 Assessment Centre where I was one of the first healthcare providers that helped with testing patients. Later, I transitioned to training other healthcare providers working in the Assessment Centre. Subsequently, I took on the lead for surgical patients requiring COVID testing at WCH. Also, I worked with external partners in the community (addiction centres) to provide testing for their clients entering treatment programs. I have also helped the COVID-19 Assessment Centre with calling patients with their results and providing education.

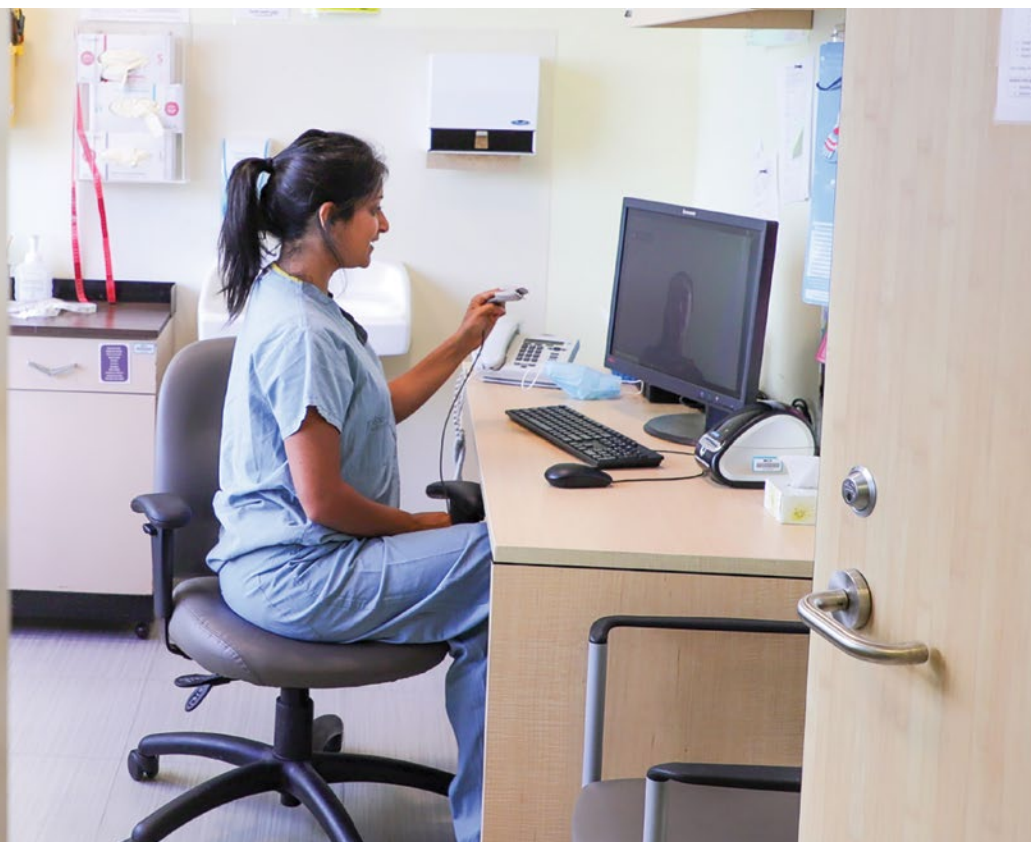
Most recently, I have taken on the lead role for Active Screening

at WCH. This role entails implementing strict screening protocols for patients, visitors and staff coming through WCH. The team consists of screeners, coordinators and clinical adjudicators. We work together to ensure our staff and patients’ safety by applying screening guidelines set by the Ministry of Health. This role has been a significant learning curve as it continuously teaches me about not only the clinical aspects of the pandemic but also the leadership aspect of working in an organization that upholds such high safety standards for its patients and staff.

Are there any positive moments or interactions that have stood out to you during this challenging time?

The pandemic has forced us to come out of our routine (and comfort zones) and adjust to a new normal in a very short period of time. Even in the midst of these challenging times, the positive moments I have noticed are adapting to an unexpected, different work environment; working cohesively outside of our individual clinics as a unified WCH team; and the speed and effectiveness with which procedures and policies were created and/or modified.

Dr. Payal Agarwal consults with a patient during a virtual appointment.



FAST FORWARD TO THE FUTURE OF HEALTHCARE

Accessible, responsive and equitable healthcare for the digital age

Walking around the waiting rooms at Women's College Hospital (WCH) these past few months, you would be hard pressed not to wonder where the patients were. The number of people checking in or waiting for their appointment was a far cry from the typically busy clinic areas. It wasn't a scheduling mistake and the hospital hadn't drastically reduced its patient volume – the vast majority of appointments had been converted to virtual visits.

“COVID-19 forced all healthcare institutions to rethink how they provide care practically overnight. In a matter of weeks, we were able to shift our model of care to one that was virtual first. Leveraging our virtual infrastructure, developed as a part of our Women's Virtual program, allowed us to act decisively and quickly,” said Dr. Danielle Martin, executive vice president and chief medical executive, WCH.

Launched at the end of 2019, Women's Virtual – Canada's first virtual hospital – is utilizing digital health tools and virtual models of care to re-envision the healthcare experience, making it more accessible, responsive and equitable.

“Healthcare will always be a human enterprise and we will always offer in-person care. But under Women’s Virtual, if we are asking a patient to come into the hospital, it is because face-to-face care is the best way of dealing with their specific health issue. It’s not because we have no other model of care to offer them,” Dr. Martin added.

Virtual Visits

Video visits integrated into WCH’s electronic medical record were first piloted in the mental health program, with practitioners completing roughly 20 visits a month. By May alone, providers across all hospital departments completed more than 1,200 video visits.

Group video visits were launched shortly after. In fact, WCH is the first hospital globally to implement group virtual visits into its electronic patient record, Epic.

“Our team in mental health prioritized those patients most at risk with the highest need for group therapy,” said Dr. Lori Wasserman, WCH psychiatrist. “While we have had to modify some of our groups to better suit virtual, patients have appreciated the opportunity to connect with people who relate to what they are going through.”

“Each digital tool selected as part of the Women’s Virtual initiative was done with an eye to sustainability and broad usability, ensuring that it would be beneficial across multiple areas,” added Dhara Desai, manager of clinical applications for Information Management and Technology (IM/IT). “As a result, IM/IT has been able to partner with Women’s Virtual and roll-out both video visits and group visits in record time.”

While this rapid acceleration of virtual visits provided care for existing patients, COVID-19 precipitated the need for new virtual care programs directly ▶



Meet Ian Stanaitis

Title & Department: Research Coordinator, Women’s College Research Institute

What is your typical role at WCH?

My typical role at Women’s College Hospital (WCH) is working as a research coordinator for Dr. Gillian Hawker’s Rheumatology research. We are currently working on a Canadian Institutes of Health Research (CIHR) grant to develop, implement and pilot an intervention to get patients with Type 2 Diabetes Mellitus screened and treated for knee osteoarthritis. By motivating patients with diabetes and osteoarthritis to engage in physical activity, we hope to improve quality of life and health outcomes.

How are you supporting WCH during COVID-19?

At the beginning of the pandemic, I volunteered to support the hospital’s active screening process. As the effects of COVID-19 began to spread amongst the long-term care (LTC) community, I was redeployed to assist Women’s Virtual with the launch of LTC+, which is a virtual program that supports providers in LTC homes in order to prevent unnecessary transfers of their residents to hospitals.

My role with LTC+ includes, but

is not limited to, onboarding new services and continued engagement with the LTC homes; organizing monthly webinars featuring specialists that present on several relevant topics and services; and ensuring that the LTC clinicians feel supported while providing high-quality care to their residents. Through engagement and feedback, we assess how to best provide valuable services to the LTC homes while adapting to the changing needs during the pandemic.

Are there any positive moments or interactions that have stood out to you during this challenging time?

The pandemic has allowed us to adapt, work outside of our usual role and come together to provide support where it was needed the most. Redeployment has allowed me the opportunity to experience and witness the commitment of hospital staff, physicians, and partners in community resources. It has also given me the ability to work alongside an excellent team of people, giving us all the chance to learn from each other, while improving on models of care that will provide a long-lasting impact for the LTC community.

The Best App for the Job

A one-stop-shop for digital health solutions

With an endless array of new apps and devices promising to revolutionize patient care and advance the way our health system operates, Ontario isn't lacking in digital health innovation. However, there remains an opportunity for healthcare organizations to leverage the latest digital tools and ensure they meet the needs of their users.

Often the latest digital tools aren't leveraged by healthcare organizations and, when they are, they haven't been evaluated to ensure that they will deliver as needed. But that's changing.

In 2018, Women's College Hospital's Institute for Health System Solutions and Virtual Care (WIHV) was selected by the Ministry of Health to run the Centre for Digital Health Evaluation (CDHE), a single access point for all digital health evaluation needs in Ontario. Made up of a consortium of partners, the CDHE is a one-stop-shop for digital health solutions seeking evaluation.

"The CDHE looks at any digital health tool that has the potential to influence the way care is delivered or how information is exchanged. Our team works to provide timely, rigorous and clinically relevant assessments," explained Laura Desveaux, the CDHE's scientific lead. "The CDHE provides a trusted mechanism to systematically navigate the market of digital solutions and generate insights the system needs to make informed decisions."

The Centre also consults with health system stakeholders, agencies and the Ministry on procurement, adoption and implementation of new digital health solutions along with policy and investment decisions.

Since the COVID-19 pandemic, there has been a surge in virtual care implementation. This has raised questions around the current state of digital healthcare and its impacts. "The pandemic has provided an opportunity to reimagine what healthcare can look like through the accelerated adoption of digital solutions," said Ena Ujic, manager at the CDHE. "We've continued to work with our CDHE partners and with health system stakeholders to help answer questions, such as what have we learned from this accelerated adoption, and where do we go from here?"

As the demand for virtual care grows, so too will the need for evaluation and consultation. The CDHE will be crucial in advancing the care experience, addressing long-standing system issues, and bringing our healthcare into the 21st century.

addressing the needs of those patients most impacted by the pandemic.

COVIDCare@Home

"With most symptomatic yet stable COVID-19 patients self-isolating at home, we knew we needed to develop a program that would offer them real-time virtual care," explained Dr. Payal Agarwal, a WCH family physician and the medical director of COVIDCare@Home. "Working with our existing partners, we created COVIDCare@Home, a program providing support to both primary care providers treating such patients, as well as direct support to those with COVID-19 through virtual visits and remote monitoring."

COVIDCare@Home applies a team-based approach rooted in family medicine, which includes mental health and social work supports, as well as access to WCH's Acute Ambulatory Care Unit (AACU) should a patient have more complex needs requiring in-person care.

"We serve a diverse patient population, with many patients from communities who traditionally face barriers accessing care. Many are dealing with financial pressure, language barriers or are living in cramped housing. We know that when we treat the full patient, including their medical needs, social needs and mental health needs, they do better. We are also better positioned to escalate their care should their health deteriorate," Dr. Agarwal highlighted.

Patient outcomes and response to COVIDCare@Home has been overwhelmingly positive, with one patient saying it "made me feel more reassured and I knew that I was never alone. Even though I was self-isolating, I wasn't alone in this."

LTC+

As many of us now know, older adults living in long-term care (LTC) have been disproportionately impacted by the pandemic. In fact,

LTC residents account for roughly 81 per cent of all COVID-19 deaths in Canada. Given the glaring need to provide enhanced supports to LTC, WCH fast-tracked its LTC+ program.

Developed in partnership with LTC homes, acute care hospitals and community service organizations, LTC+ provides physicians and nursing staff in LTC with one number to call. They can either connect virtually with a specialist 24/7 who will help them troubleshoot a patient problem or an advanced practice nurse who will assist them in assessing the patient's needs, provide advice and refer them to outside services.

"The care requirements for older adults living in LTC residences are often very complex. It only makes sense to provide additional care supports to enhance quality of care. By enhancing the care that LTC providers are able to deliver onsite and avoiding a transfer to the emergency department, we are helping to reduce their risk of exposure to COVID-19 and simultaneously reducing the volume of patients in our acute care hospitals," explained Laura Pus, administrative director for Women's Virtual.

"LTC+ is the first step in our Aging in Place program. Over time, we plan to expand our offering so

that more older adults can receive the care they need either in the community or at home, where they want to be," Pus noted.

The digital revolution is underway in healthcare and there is already a significant uptake of digital solutions. "At WCH, we developed a program like Women's Virtual because we are committed to ensuring that the digital revolution happens in a way that is consistent with our vision of creating a healthier and more equitable world. The virtual care that we are offering aims to improve health and close the gaps in care many patients experience," Dr. Martin said. □

A Virtual Option

Providing safe, timely and compassionate 'no touch' virtual abortion care

With COVID-19 cases rapidly rising in Ontario, hospitals began ramping down services to preserve capacity for acutely ill patients; but for many, their procedures couldn't wait. The team at Women's College Hospital's Bay Centre knew that delaying appointments was not an option for many of their patients.

The Bay Centre specializes in contraceptive services, reproductive and sexual healthcare, and is home to one of the most comprehensive abortion programs in Ontario. Under normal circumstances, patients from across Ontario travel to the clinic to access these services – but when

the pandemic began, suddenly many found themselves unable to come into the hospital. Patients who were immunocompromised, in self-isolation or who lived in rural areas had limited access to in-person abortion care at the clinic.

"We had to quickly rethink how we deliver this essential healthcare service," explained Dr. Sarah Warden, medical lead of the Bay Centre's medical abortion program.

Mifegymiso, which can be taken up to ten weeks into pregnancy, is a safe, non-surgical abortion option that consists of two medications that can be self-administered in the privacy of one's home. Before the COVID-19 pandemic, the Bay Centre team had been collaborating with Women's Virtual, the hospital's virtual care team, to develop a 'no touch' abortion program to deliver safe and timely access to Mifegymiso.

"We realized that there was an opportunity to expedite the launch of our virtual medical abortion program that was already being developed," explained Dr. Warden. By June, Ontario's first 'no touch' abortion program was launched at WCH.

As a first step, patients interested in this virtual option consult

with Sarah McCarthy, a registered nurse and team lead at the Bay Centre, to discuss their options, determine their eligibility for the program and review the process.

Following the initial evaluation, a video visit is set up with a physician to review patient records, consent forms, medication instructions and expected symptoms. Afterward, a Mifegymiso prescription is faxed to the patient's nearest pharmacy, where the patient picks it up and takes it home to terminate their pregnancy. Throughout the entire process, patients are always connected to their care team either by phone or video visit.

Both Warden and McCarthy agree that the 'no touch' virtual abortion will continue to provide increased access to safe and effective abortion care that will benefit patients even after the pandemic.

For McCarthy, the feedback from this initiative has been extremely gratifying. "People are grateful that they have access to this option. Being able to have the flexibility to do this from home or in an environment outside the hospital setting has been a big relief for many patients."

ANSWERING THE CALL



L-R: John Yip, president and CEO of Kensington Gardens LTC, meets with Johana Amar, WCH partnership operational lead.



I know we saved lives. If it hadn't been for our partnership, there would be more deaths, easily.

Stepping up to support long-term care residents at the height of the pandemic

At 8:00 a.m. on the Saturday of the Easter long weekend, John Yip was tense as he picked up the phone to call Women's College Hospital (WCH).

Yip, the president and chief executive officer of Kensington Health, had been tracking the COVID-19 pandemic since the first warnings had emerged from China in February. By April, the virus had reached his residents of Kensington Gardens, the long-term care facility he oversees in downtown Toronto.

"This was a new virus, there wasn't a lot known at the time," said Yip, describing the first weeks of the pandemic's arrival in Ontario. "Shortly after the government declared a restriction on visitors for long-term care facilities – the next day – we got our first positive infection."

Even with their advanced planning and precautions, Yip knew he was going to need additional support for his residents. "Despite the screening stations, despite universal masking, it just takes one mis-step. I knew an outbreak was bound to happen regardless of our precautions. We were playing roulette."

Not knowing where else to turn, he picked up the phone and dialed a number he had received at a meeting months prior. “During the height of the pandemic, I called Women’s College Hospital and said, ‘Look, we’re going to need help. We already need help, we need help with testing.’ This was before the province said it was mandatory for testing.”

By the next day, WCH’s newly created mobile COVID-19 assessment team was onsite at Kensington Gardens and swabbing every staff member and resident who shared the floor of the facility’s first case. That day, the WCH team identified over a dozen new cases – of the 24 people on the floor, 22 tested positive for COVID-19 and the floor was placed under lockdown.

“I know we saved lives,” said Yip. “That one phone call, the rapid access – we were able to move very quickly. If it hadn’t been for our partnership, there would be more deaths, easily.”

But it would be months before the battle against the outbreak was over.

From the beginning of the pandemic, major staffing shortages proved to be an ongoing challenge for the Kensington Gardens team. “Some staff didn’t want to come to work, some were self-isolating after travel and some were sick,” Yip recalled. “And all of a sudden, where we would have six or seven staff on the floor, we now had two or three.”

Following guidance from the Ontario Ministry of Health, WCH formally became a hospital resource partner for Kensington Gardens, supporting with infection prevention practices, general care and assistance with the residents’ daily activities, as well as continuing to provide regular testing for COVID-19.

“COVID-19 has emphasized our need to continue building community partnerships,” said Heather McPherson, president and chief executive officer of WCH. “Response to the pandemic has



L-R: John Yip, president and CEO of Kensington Health, and Heather McPherson, president and CEO of WCH

required institutions to leave their respective silos in order to effectively address patient needs and enhance care, ensuring nobody gets left behind.”

As part of this response, WCH put out a call for volunteers – 17 staff members from across the hospital stepped up to take on redeployment roles at Kensington Gardens. They were on the ground and supporting residents within the week.

On April 29, Catherine Scordos donned layers of personal protective equipment (PPE) for the first time as she stepped into her temporary new role at the long-term care home. For the next four months, she would spend five days a week redeployed from her usual job as a clinic aid at WCH to provide care for residents at Kensington Gardens. Working at a long-term care facility during an outbreak may seem daunting, but for Scordos, there was no hesitation. “It is important to be united right now as professionals and as human beings. To help each other any way we can. To stop the spread of the virus and save lives.”

Coming from a wide array of clinical backgrounds, the WCH team used their diverse skillset to support their patients, from assistance with meals to hygiene and mobility.

With restrictions on visitors in long-term care homes across the province, the WCH team also facilitated virtual visits between residents and their loved ones to reduce isolation, anxiety and fear – for the residents and their family members alike.

“In addition to the team’s wide skill sets, they also brought a lot of compassion,” noted Johana Amar, an advanced practice nurse and clinical manager in the Department of Specialized Medicine at WCH. “This really helped residents maintain their quality of life.”

Amar was redeployed as the WCH partnership operational lead at Kensington Gardens, supporting the WCH team in their new roles in long-term care. Through the daily challenges they faced, she recognized the value of teamwork and the relationship built between the facility’s staff and WCH staff. ▶



Meet Emery Potter

Title & Department: Nurse Practitioner, Transition-Related Surgery Program

What is your typical role at WCH?

My role at Women's College Hospital (WCH) involves a lot of diverse activities. The transition-related surgeries we offer here at WCH include vaginoplasty, orchiectomy, chest masculinization, breast augmentation and hysterectomy. The clinical aspect of my role is to provide support and education for patients before and after surgery. The administrative part of my role involves a lot of connecting with community stakeholders to support individuals seeking access to aspects of trans care across the province. Currently, there are over 1,000 people seeking various transition-related surgeries across the province, and WCH is the only official trans surgery program in Ontario. While WCH does not yet have the capacity to provide surgery to all Ontarians, we do provide information, support and after care to many who are having surgeries elsewhere. I also contribute to research and education on transition related surgery topics and this is a very fulfilling part of the role.

How are you supporting WCH during COVID-19?

While I have continued to support transgender and non-binary patients who have either had

surgery or who are still waiting for surgery, I have also worked in the COVIDCare@Home program, the COVID-19 Assessment Centre as well as at Kensington Gardens – our partnered long-term care facility.

Are there any positive moments or interactions that have stood out to you during this challenging time?

To be honest, it has been quite stressful, scary and at times sad to work in a frontline capacity during the height of the pandemic. While I would not characterize this period as positive, it has been rewarding to be able to play an active role in caring for our community and do my part to reduce the impact of the pandemic. I will always remember my time at Kensington Gardens and the wonderful residents and staff who still demonstrated such a high level of care and skill – even amidst very difficult conditions. There is one resident in particular whose love of cookies and fierce spirit will forever be etched in my mind. Outside of work – I have been spending a lot of time alone with my four-year-old, exploring all the green spaces we could find in the east end of the city. Time away in nature has felt very necessary during these challenging times.

“Our relationships with the team at Kensington Gardens were very strong because they were based on a common goal and mission: Provide the best support possible to the residents,” said Amar. “I am most impressed with our dedicated group of WCH staff who have chosen to be part of this response. Our mere presence during this difficult time provides a sense of hope as we shift towards those in need rather than away from them.”

On May 22, the outbreak at Kensington Gardens was declared over. Staff, residents and the WCH team celebrated in the halls and dining areas, where they were once again able to (cautiously) enjoy each other's company. Over the summer, visitor restrictions eased and the last WCH staff member redeployed – Scordos – returned to her home unit at the hospital.

“This type of partnership needs to continue, pandemic or not. Knowing that someone's got your back is a good feeling.”

As her time with the residents came to an end, she reflected, “It's been a great experience. I'm going to miss the team at Kensington Gardens. I'm going to miss the residents. I'm going to miss them all.”

Partnerships like this, cemented in an early morning phone call during the height of a crisis, showcase the immense impact and importance of community partnerships – something Kensington Gardens and WCH hope to maintain moving forward.

“This type of partnership needs to continue, pandemic or not,” said Yip. “Knowing that someone's got your back is a good feeling.” □



The Pandemic in Pictures

**Behind the scenes at
Women's College Hospital**

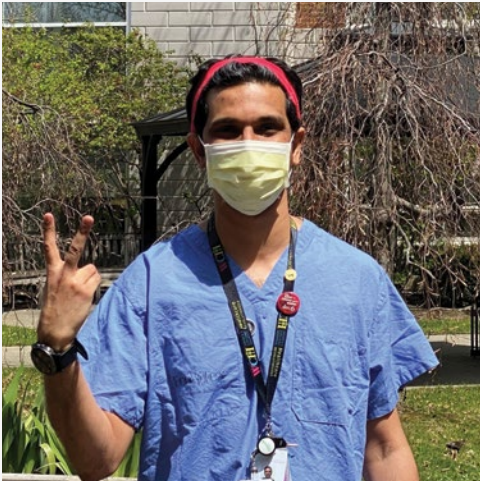
Members of the Environmental Services (EVS) team pause to strike a power pose. Every day, the EVS team can be found throughout the hospital making sure areas are properly disinfected to prevent the spread of COVID-19.



Clockwise from top: In partnership with Urban Native Ministries, the Mobile COVID-19 Assessment Team and Centre for Wise Practices in Indigenous Health gets ready to provide testing for the outdoor living sites at Sanctuary Day Shelter and Holy Trinity Church. / A Women's College Hospital Mobile COVID-19 Assessment Team (MCAT) sets out for a site visit. Throughout the pandemic, MCAT visited long-term care homes, shelters and congregate living facilities to provide staff and residents with testing, as well as follow up support and Infection Prevention and Control strategies to help manage outbreaks. / The WCH COVID-19 Assessment Centre holds a team huddle to discuss the upcoming day. The COVID-19 Assessment Centre's multidisciplinary team includes security staff, patient navigators, social workers, physicians, nurses and nurse practitioners, lab technicians, environmental services staff and PPE spotters.



Clockwise from top: Teamwork keeps the COVID-19 Assessment Centre running smoothly and safely as a nurse and nurse practitioner work together to manage patient charts. / A physician shows her patient how to use a pulse oximetre during a virtual appointment as part of WCH's COVIDCare@Home program. Through the program, physicians can check in on patients with COVID-19 to assess their symptoms and provide follow up care based on their needs – avoiding trips to their doctor's office or a hospital emergency department. / Teams get ready to take in new patients at the inpatient unit in the Acute Ambulatory Care Unit. In response to the additional strain COVID-19 put on the healthcare system, WCH established the unit to provide much needed inpatient beds for essential, urgent surgeries.



Clockwise from top: The Family Practice Health Centre (FPHC) team sets up both virtual and in-person appointments. The FPHC quickly ramped up virtual care options to make sure patients continued to receive care through the pandemic. / A WCH physiotherapist takes a well-earned break at Kensington Gardens long-term care home. Seventeen WCH team members – including physiotherapists, nurses, technicians, researchers and aides – volunteered to take on new roles at Kensington Gardens over the course of two and a half months. / A registered practical nurse carefully applies a nasopharyngeal swab for a patient at the COVID-19 Assessment Centre. In September, the Assessment Centre saw more than 500 patients each day.



Clockwise from top: As part of the new inpatient unit, WCH registered dietitians prepare patient meals for the day. The team received their food handlers training and quickly developed a food services program to support the unit and make sure our patients had healthy, nutritious meals to enjoy. / A registered kinesiologist from our Women's Cardiovascular Health Initiative welcomes her patient back to the hospital. As more patients come to the hospital for in-person appointments, measures like universal masking help keep our community safe.



Gloves, masks, gowns – a screening coordinator checks PPE supplies and prepares screeners for their shifts. As the pandemic rapidly evolved, coordinators were integral in making sure the most up-to-date infection prevention and control measures were in place and keeping everyone entering the hospital safe.



Clockwise from top: Dressed in full PPE, one of our active screeners is ready to greet staff and patients to get them to where they need to be safely. / A dedicated team of WCH social workers and psychotherapists pause for a photo outside WCH. The team diligently worked behind the scenes to provide integral support to underhoused and homeless patients coming to the COVID-19 Assessment Centre.

HISTORY. HEALTH. HEALING.

**How the Centre for Wise Practices
in Indigenous Health is creating
pathways for system transformation**



The myth of COVID-19 as the great equalizer, shared early on in news articles and through social media feeds, was swiftly debunked as the pandemic evolved and infection rates spiked in communities facing existing systemic racism and disadvantages. As the pandemic amplified health inequities faced by targeted, neglected and marginalized communities, the Centre for Wise Practices in Indigenous Health (CWP-IH) at Women's College Hospital (WCH) quickly pivoted to build a network of community partnerships supporting the development and implementation of community-led COVID-19 public health responses for urban Indigenous communities.

Photo by: Red Works

Opposite Page: CWP-IH Urban Indigenous COVID-19 Leaders – University of Victoria, Seventh Generation Midwives, Well Living House Research Project & Red Works Photography Poster Series. L-R: Rosary Spence, Dr. Lisa Richardson, Constance Simmonds, Kahontakwas Diane Longboat, Banakonda Bell, Cynthia (Cindy) White/Kawennanoron and Selena Mills.

Rooted in interconnected relationships, CWP-IH focuses on Indigenous perspectives of well-being and healing through community-informed education, research and knowledge translation.

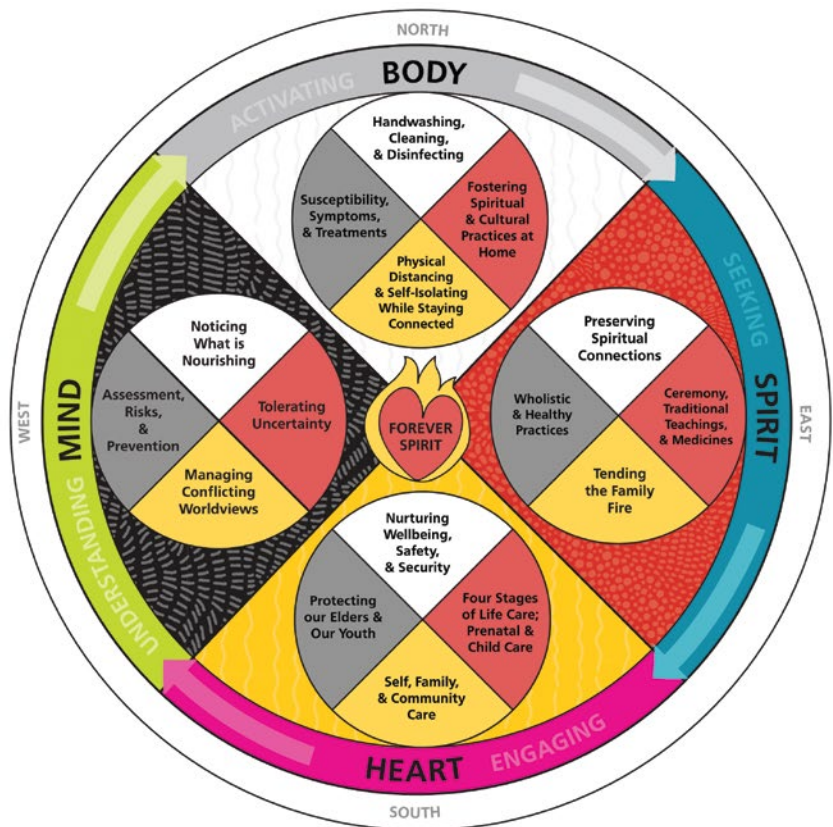
“If we look at Indigenous health outcomes more broadly, we know there are massive disparities that are actually getting bigger rather than getting narrower,” explained Dr. Lisa Richardson, the Strategic Lead in Indigenous Health at WCH. “I find the idea of normativity is helpful in understanding how to make an institution more inclusive. What are the norms in your social, cultural, workplace environments—the implicit standards, the usual or “correct” ways of being, knowing, behaving, doing?”

Tkaronto (Toronto) has the largest urban Indigenous population in Ontario and the need for such transformative work only increased with the onset of COVID-19.

“When COVID-19 emerged, we had to quickly shift and diversify services for the Tkaronto urban Indigenous communities during the pandemic to meet COVID and non-COVID related healthcare needs,” shared Selena Mills, lead of health transformation and strategic communications for CWP-IH.

“COVID-19 challenged us to nurture our relationships and develop new ones under the guidance of our

INDIGENOUS WELLBEING in the Times of COVID-19: Four Directions Virtual Support Hub



**Four Directions
Concept Application**
Banakonda Kennedy
Kish (Bell),
ShoShona Kish

**Overall
Collaboration**
Diane Longboat, Dr. Chase Everett McMurren,
Elisa Levi, Lindsey Fechtig, Dr. Lisa Richardson,
Rosary (Spence) Pavica, Selena Mills,
Bryn Ludlow (Graphic Design)

**WCH CWP
INDIGENOUS
HEALTH**

Decision-Making Counsel Elders and Knowledge Keepers.”

Partnering with Indigenous Health Organizations such as Anishnawbe Health, NaMeRes, Seventh Generation Midwives, Well Living House, and Waakebi-ness-Bryce Institute for Indigenous Health, meant reconciling current relationship accords, cultivating trust and sparking new alliances.

“Terms like ‘consultation’ and ‘engagement’ no longer seem relevant to me when working with Indigenous communities. It should be all about meaningful

partnerships – every step of the way,” said Dr. Richardson.

An Indigenous Four Directions Well-being Virtual Support Hub and an Anishinaabe and Haudenosaunee Grandmother Wisdom Guide were created in March, sparking the development and implementation of diverse Indigenous community-led COVID-19 public health responses. The CWP-IH team connected with other Indigenous healthcare and community leaders across the Greater Toronto Area as members of the *Indigenous Pathways Ad Hoc Group*. ▸



CWP-IH members making Sacred Medicine Bundles (Tobacco, Sage, Cedar, Sweetgrass in hand sewn/embroidered cases, Dressed (Peyote Stitch Beaded) Turkey Feathers, Abalone Smudging Bowl & Stand, Feather Cases & Soft Storage Protection Case). WCH clinics that care for Indigenous community members, essential workers and frontline staff will be honored with holding, caring for and offering the bundles.

In collaboration with these partners, a warm referral network was created to extend wrap-around support services, manage communications and connect referrals between these organizations and the Call-Auntie Hotline run by Seventh Generation Midwives and The Baby Bundle Project. The hotline provides Indigenous community members, organizations and programs with access to information and resources around COVID-19 testing, housing, mental health support, as well as sexual and reproductive health access.

As expanded testing became a priority in order to prevent community spread of COVID-19, the hospital's Mobile COVID-19 Assessment Team visited Nishnawbe Homes and Na-Me-Res residences. In partnership with Urban Native

Ministries, the mobile teams also provided testing for staff and residents at the Sanctuary Day Shelter and Holy Trinity Church outdoor living sites.

“The Centre for Wise Practices worked closely with the clinicians on the ground to ensure that we were providing kind, respectful and culturally safe care,” described Mills. “Following the mobile assessment team’s initial visit, we also worked with the hospital’s Community Support Squad to provide follow-up and ongoing wrap-around support to staff members of these organizations.”

Ongoing support included building capacity within the community by conducting virtual Infection Prevention and Control training for staff at shelters, friendship centres, congregate



Through the CWP-IH and its partnership network, Women's College Hospital is working toward a health system that acknowledges and respects Indigenous identity, trauma and resilience while providing meaningful, culturally safe care that is free of racism and discrimination.

living centres, encampments, as well as Anishnawbe Health's Mobile Street Outreach and Testing team, which launched in June. Guided by CWP-IH, WCH's COVID-19 Assessment Centre also provided Indigenous community members with both testing and a safe place to stay with access to traditional medicines and supports while awaiting results.

"Through the CWP-IH and its partnership network, Women's College Hospital is working toward a health system that acknowledges and respects Indigenous identity,

trauma and resilience while providing meaningful, culturally safe care that is free of racism and discrimination."

Looking ahead, the CWP-IH team aims to continue building upon the trust and community partnerships that have been strengthened over the course of the pandemic, providing ongoing support with risk reduction and space management strategies, mobile testing, staff training and warm referrals for timely access to non-COVID-related health services and virtual care.

"The community partnerships that the CWP-IH forged in the heights of a public health crisis will have a lasting impact on how we can provide care for Indigenous community members," said Dr. Richardson. "Through the CWP-IH and its partnership network, Women's College Hospital is working toward a health system that acknowledges and respects Indigenous identity, trauma and resilience while providing meaningful, culturally safe care that is free of racism and discrimination." □

Wise Practices for Reconciliation


In collaboration with Indigenous communities, Women's College Hospital and its Centre for Wise Practices in Indigenous Health (CWP-IH) are committed to implementing Wise Practices for Reconciliation, where programs are developed to meet specific community needs.

"Wise Practices for Reconciliation shows the hospital is a safe space for Indigenous patients through the installation of Indigenous art, inclusion of books and articles written by Elders and other experts in Indigenous healing in our health sciences library, and providing cultural safety training to all of our staff and clinicians," described Heather McPherson, president and CEO of Women's College Hospital. "We also have Elders and Knowledge Keepers in residence, and offer a place for people to smudge before their appointments." Committed to the health and well-being of all First Nations, Inuit and Métis individuals, families and communities, CWP-IH

takes an innovative approach to mobilizing and implementing recommendations specific to healthcare and education, including:

- Bringing Reconciliation to Canada: Wise Practices for Healthcare Leaders
- Indigenous Healthcare Primer & Values Statement
- The United Nations Declaration on The Rights of Indigenous Peoples
- Truth and Reconciliation Commission of Canada: Calls to Action
- The Final Report of the National Inquiry into Missing & Murdered Indigenous Women & Girls

ALWAYS ON CALL

A photograph of two women walking down a hospital hallway. The woman on the left is wearing a pink blazer, a black skirt, and a blue surgical mask. She is gesturing with her hands as if in conversation. The woman on the right is wearing a grey sweater, black leggings, glasses, and a blue surgical mask. She is holding a black folder and a pen. The hallway has white walls on the left and purple walls on the right. There are room numbers 1, 2, 3, and 4 visible on the left wall. A medical cart is visible in the background.

Providing 24/7 sexual assault and domestic violence care in a lockdown

Last year, the Sexual Assault/Domestic Violence Care Centre (SA/DVCC) at Women's College Hospital (WCH) saw over 650 patients – an average of 2 people per day. But as Ontario went into lockdown due to COVID-19, the centre saw a sharp decline in patient visits.

L-R: Elaine
Goulbourne and
Sukhpreet Kainth.



We knew we were seeing the pandemic increase barriers to our care, and this was a great cause for concern.

“We always say it would be a great year when we don’t have a single case of sexual assault or intimate partner violence – but this was different,” said Elaine Goulbourne, clinical director of primary care at WCH. “We knew we were seeing the pandemic increase barriers to our care, and this was a great cause for concern.”

Located on the ground floor of WCH, the SA/DVCC is open 24/7 to walk-in patients and also provides mobile services to seven emergency departments in the Greater Toronto Area. The centre aims to provide a safe place and a care plan for those who have experienced sexual assault or intimate partner violence (IPV).

“We knew we were seeing the pandemic increase barriers to our care, and this was a great cause for concern.”

“There are various types of care that we provide,” explained Sukhpreet Kainth, a registered nurse in the SA/DVCC. “We provide acute care services for those who have been recently sexually assaulted, have recently left an IPV relationship or are still in an IPV relationship. We also

provide follow-up care, which includes Sexually Transmitted Infections testing, counseling services, referrals to internal or external agencies and providing emotional support. But the most important part of our care is that it’s all tailored to the patient – they have the ability to choose or decline any of the options we provide.”

As non-essential hospital services began ramping down across the province, the SA/DVCC remained open. “One of the early challenges we faced was communicating to patients and the community that our services were still available,” described Goulbourne. “This was a priority because we were anticipating an increase in intimate partner violence incidents as people were confined together and experiencing stressors related to the pandemic.”

Anecdotal evidence has shown an escalation in intimate partner violence related to other pandemics. Preliminary studies indicate the same is true for COVID-19 as increased severity and higher incidences of intimate partner violence are being reported worldwide.

The SA/DVCC team quickly reached out to their network of community partners and emergency departments to inform them that nursing staff were still on-site at WCH and the clinic remained open to walk-in patients. They also connected with patients who had follow-up appointments at the Centre to let them know they were still welcome to come in and to advise them about the COVID-19 precautions in place to keep them safe when coming to the hospital.

However, visiting the hospital during a pandemic wasn’t possible for some. “We did get calls where patients experiencing IPV weren’t able to come in to seek services because the abuser was home at all times due to the pandemic. There were fewer excuses to leave their home,” said Kainth. “So you do the best you can to support them in the way that they need, which might not necessarily mean coming in for an appointment. This could be a quick 10-minute phone call over the phone to address any immediate needs.”

Calls to the SA/DVCC continued to increase throughout April. “We started getting over 15 calls a day from individuals just looking for more information on the resources available to them,” explained Goulbourne. “Many patients were also opting for virtual and telephone follow-up visits rather than coming into the centre.”

Phone visits also became a critical tool for the mobile team as the pandemic reduced the SA/DVCC’s ability to visit emergency departments at other hospitals. To minimize the risk of multiple individuals going back and forth between hospitals, the team developed a new patient flow that brings patients to WCH after ►



We are 24/7, we are drop-in, we are mobile, we are a phone call away. We will ensure that there will always be someone available to provide support.

their emergency department visit or provides the option of telephone support.

“Sometimes our patients are in the emergency departments for a long time. They’re tired, and the fact that they have to go to a second location can seem really exhausting,” described Kainth. “We set up a system where we could do our assessment over the phone, talk to them about their options of care, and then book them into our follow-up clinic.”

However, for some seeking care, there is no place to go after their appointment. “We also have patients coming to us from congregate living spaces or who need to access a shelter,” explained Goulbourne. “Those who present with symptoms or have been in contact with an individual who tested positive for COVID-19 are also tested for the virus as part of their care – a negative result is required to access shelter services.”

Working with internal partners at WCH’s Acute Ambulatory Care Centre, patients are provided with a room and any required care until they receive their COVID-19 results. During their stay, a team of social workers collaborates with Inner City Health Associates to connect the individual with supports and resources, whether it’s a safe place to isolate or a bed in a shelter.

“Even though our patients are coming to us for sexual assault or domestic violence care, we recognized that they may have additional needs,” said Goulbourne. “We are proud that, as a team, WCH is able to provide all aspects of care and ensure nobody gets left behind.”

“We are 24/7, we are drop-in, we are mobile, we are a phone call away. We will ensure that there will always be someone available to provide support.”

Both Goulbourne and Kainth emphasize that cohesive and continuing care throughout the pandemic would not have been possible without a strong network of community and internal partners. The SA/DVCC team supported the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres, which is also housed at WCH, in establishing a 24/7

nurse-staffed navigation phone line that assists both service providers and individuals who have experienced sexual assault or domestic violence. The initiative connected 37 treatment centres from across the province, each committed to supporting the navigation phone line and each other.

“The pandemic created huge challenges for all the sites in terms of remaining accessible to patients,” explained Goulbourne. “The phone line enabled other Centres to step in if a site was being overwhelmed, redirecting patients to the next nearest Centre or linking them with the necessary resources.”

Regardless of the circumstance, all of the Centres strive toward a common goal – that no patient is turned away or goes without care. Beyond the pandemic, Goulbourne sees a continued opportunity for the new streamlined processes and virtual care options to reach patients who live in rural areas or face barriers to accessing in-patient care.

“We want to ensure that we can provide all of our patients with the right resources and care, no matter the circumstances,” Goulbourne said. “We are 24/7, we are drop-in, we are mobile, we are a phone call away. We will ensure that there will always be someone available to provide support.” □



Meet Luwam Ogbaselassie

Title & Department: Education Coordinator, Ontario Network of Sexual Assault/Domestic Violence Treatment Centres

What is your typical role at WCH?

I am the Education Coordinator for the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres (ONSA/DVTCs), which is a network of 36 hospital-based treatment centres across Ontario. The SA/DVTCs, staffed by nurses, social workers, physicians, and support staff, provide care to individuals impacted by sexual assault and/or domestic violence, ensuring access to comprehensive, timely, and trauma-specific care and treatment to address individual health, forensic, and psycho-social needs.

Through my role, I work closely with the Provincial Director to support the 36 SA/DVTCs, which consists of over 400 nurses, approximately 60 social workers, over 30 medical directors, and 36 program leaders from across Ontario. I also work closely with the Provincial Director to track fiscal goals and priorities, as well as forecast and monitor budgets, tracking against the Network's 5-year strategic direction.

How are you supporting WCH during COVID-19?

I have been redeployed to the Active Screening Centre, where we work to ensure that everyone entering WCH has been screened for symptoms and/or travel history as per hospital directives.

I initially started as a screener and have now moved into a coordinator role. In this role, I train and support new screeners, orienting them to the role and the requirements of each screening station. I also act as a resource for screeners to problem solve as issues arise.

I work with a phenomenal team of coordinators, together with active screening leadership, to maintain the required Screening Centre documentation and ensure all required supplies and equipment are prepared and sustained. Together as a solutions-oriented group, we identify issues and challenges and work to find resolutions in a rapidly changing environment.

Are there any positive moments or interactions that have stood out to you during this challenging time?

Yes, definitely! Through this role, I have met so many wonderful

colleagues from across the organization that I likely would not have met otherwise. From the communications team to Health Information, the lab and a wide variety of research teams, it has been wonderful to meet so many new people. I have enjoyed learning about their work and the many innovative and exciting initiatives across the organization. It has certainly been a highlight during this challenging time!

Above all, I continue to be amazed and inspired by the selfless commitment and dedication of our WCH community, working together to respond to the pandemic.



THE SCIENCE BEHIND A PANDEMIC

**Leveraging decades of
research expertise in the
fight against COVID-19**

In response to COVID-19, many research activities at Women's College Hospital (WCH) were paused as attention turned to addressing the pandemic. Scientists at Women's College Research Institute (WCRI) quickly pivoted to answer the urgent need for COVID-19 research and find innovative ways to tailor their research expertise towards these efforts. Below are some of the new research initiatives designed to address the widespread impacts of the pandemic on diverse populations and helping to uncover innovative solutions to support our health system and the people it serves.

Opposite Page, L-R: Vasily Giannakeas and Dr. Nathan Stall; Dr. Paula Rochon; Mina Tadrous.

This Page, L-R: Robin Mason and Janet Du Mont.



Preparing for the surge

Early in the pandemic, one of the most pressing issues facing the health system was determining how hospitals and other healthcare providers were going to manage a surge of COVID-19 cases without becoming overwhelmed. In order to support hospitals in tailoring their response to the fast-moving pandemic, Vasily Giannakeas, epidemiologist at WCRI, and Dr. Nathan Stall, geriatrician and research fellow at WCRI, created an online interactive tool that determines the maximum daily number of new COVID-19 cases that a hospital could manage. By taking into account the number of acute and critical care resources available, data on the age distribution and severity of COVID-19 cases and expected duration of patient stays, the online tool plays a key role in equipping health systems to plan for surges in acutely ill people.

Increased intimate partner violence

As the severity of COVID-19 became evident, lockdowns and orders to isolate at home were widely adopted to prevent the spread of the virus. For Janice Du

Mont, EdD, senior scientist at WCRI, and Robin Mason, PhD, scientist at WCRI, these factors raised concern about the potential for rising rates of intimate partner violence among people who are suddenly unable to leave the home or living environment.

To bring attention to this issue, Du Mont and Mason have been highlighting other global pandemics and rates of intimate partner violence, to create a science policy piece to demonstrate escalating rates of intimate partner violence during COVID-19 around the world.

Working as co-investigators with Unity Health Toronto, Du Mont and Robin are helping develop an online tool to aid those experiencing intimate partner violence that is adapted for 'stay at home' conditions as a result of COVID-19. This unique research opportunity will provide much-needed evidence for health-care providers, as most of the current information on rates of violence during pandemics is anecdotal or hypothetical.

Loneliness in a lockdown

Older adults are not only more vulnerable to negative physical outcomes due to COVID-19 but also to emotional ones from the restrictions put into place in order to protect them. Dr. Paula Rochon, vice-president of research at WCH and senior scientist at WCRI, and her aging research team have launched multiple research projects to identify how and to what extent the pandemic has impacted older adults' health and well-being.

The team has partnered with RTOERO (Registered Teachers of Ontario/Les enseignantes and enseignants retraités de l'Ontario) to survey more than 4,500 older adults on their experiences with loneliness during the COVID-19 pandemic. Many participants reported feeling lonely during COVID-19 (43 per cent) and several characteristics – such as being

female and living alone – increased the odds of loneliness. These results and ideas, generated from older adults themselves, will be used to create a list of solutions and strategies to address the impact of social isolation and loneliness, as well as the most pressing needs and desired supports for older adults during this pandemic.

In collaboration with the University of Michigan, the team is also conducting an online survey among older adults to investigate how the ongoing COVID-19 pandemic and associated policies are affecting their mental health and well-being. The survey will compare scores for physical health, mental health and memory with socio-economic factors to evaluate the effect of various COVID-19 stressors, such as level of isolation, loss of employment, discrimination, and coping strategies.

Will we run out of medications?

Supply chain disruptions in combination with the stockpiling of drugs due to the COVID-19 pandemic has worsened an already strained global drug supply. The frequency, persistence and duration of medication shortages has increased dramatically over the last decade, but we don't yet know the impact of these shortages during a global emergency. Partnering with the University of Pittsburgh, Mina Tadrous, PhD, scientist at WCRI and the Women's College Institute for Health System Solutions and Virtual Care, is leading an international collaboration to investigate the effect of COVID-19 on drug supply chains and shortages across 70 countries, as well as the effectiveness of nation-level drug shortage strategies and policies. The team's comprehensive and collaborative approach using global insights and comparisons will inform policy, formulary development, procurement, and drug pricing even after the pandemic. □

Who sits at the planning table matters, especially during a pandemic

What does equity look like during COVID-19?

Over the course of the pandemic, it has become clear that Ontarians' experience of the pandemic has not been equitable. Although the virus itself may not know race, ethnicity and socioeconomic status, these factors have played a clear role in who is disproportionately affected.

"We are now seeing data that shows neighbourhoods with high COVID-19 rates were more likely to have a high proportion of racialized people, immigrants and low-income residents," said Dr. Sacha Bhatia, chief medical innovation officer at Women's College Hospital (WCH). "Rates of hospitalizations and deaths due to COVID-19 were dramatically higher in these neighbourhoods compared to the average."

As community COVID-19 infection rates rose, clinics from across WCH began receiving requests for assistance from their partner organizations, including shelters and congregate living environments, long-term care homes and Indigenous Health Organizations.

"Because our programs had pre-existing relationships with many of these community organizations, we were able to mobilize to support with their needs," explained Dr. Bhatia. "Both at

our COVID-19 Assessment Centre and through conversations with our partners, we saw that some communities were at higher risk of infection and we were in a unique position to quickly establish support systems."

From mobile testing to assistance with infection prevention and control, WCH teams went into the community to provide rapid response to COVID-19 outbreaks. However, for both Dr. Bhatia and Dr. Aisha Lofters, a family physician and Chair of Implementation Science at WCH, the question remained of how to protect these communities before there is an urgent need.

Dr. Lofters noted that policy-makers have had to make judgment calls throughout the pandemic informed by the best medical evidence; however, in the case of COVID-19, there hasn't been much evidence to rely on. These judgment calls often have trade-offs, advantaging one group over another. Having voices at the table that can speak from different experiences can bring those trade-offs sharply into view.

"Would we have been quicker to test in congregate living settings if some of the key medical experts or clinical leaders knew those settings

well or grew up in them?" added Dr. Lofters. "How differently would we treat personal support workers, the majority of whom are women of colour, if an individual at the expert table was raised by one?"

"There is a lot to be proud of in how quickly we responded to our community partners' needs – but looking forward, there is an opportunity to identify ways our healthcare policies can pro-actively protect these communities before there is a crisis," Dr. Bhatia added. "We have witnessed the differential impacts that COVID-19 has on racialized people and marginalized communities. Having policy decisions informed by healthcare leaders and experts who are from these communities is not about tokenism. It could save lives."



Meet Shivani Chandra

Title & Department: Policy Research Coordinator III, Women's College Hospital Institute for Health System Solutions and Virtual Care (WIHV) & Co-chair of WIHV's Equity Committee

What is your typical role at WCH?

I very recently began the role of Policy Research Coordinator III at WIHV, supporting over 20 projects with scientists across WIHV. From the Crossroads Clinic to COVID-Care@Home, my research portfolio covered a wide breadth of areas and I had the privilege of working with many wonderful teams. The beauty of this role was that no two days were the same, and I had the opportunity to learn from many inspiring mentors at WIHV.

In addition to providing research support to WIHV, I am also the co-chair of WIHV's Equity Committee. Among other active projects, we are leading an equity assessment of Women's Virtual (video visits) and are developing a framework by which future Women's Virtual programs can be evaluated from an equity lens. With COVID-19 accelerating the implementation of digital health tools to assist with healthcare delivery, it is essential that we develop mitigation strategies to address the fact

that not all populations adopt, engage with and benefit equally from virtual care tools. WCH is well-positioned to be a leader in this space.

How are you supporting WCH during COVID-19?

When the pandemic first struck, I volunteered to be an active screener at Women's College Hospital (WCH). After a few months of screening, I was redeployed to help support Women's Virtual, mostly by aiding patients in preparation for their upcoming virtual video visit appointments.

Are there any positive moments or interactions that have stood out to you during this challenging time?

While there isn't a specific moment or interaction that I would like to highlight, what has stood out to me is the general response that WCH staff and patients have had to this pandemic. I have felt humbled by the dedication of my colleagues who do not hesitate to consistently work well into evenings and weekends to ensure that the hospital is safe for its staff and that patients continue to receive high quality care, while also creating COVID-19 specific programming to support our community in this time of need.

An added bonus to working on the Women's Virtual team, has been the conversations I have had over the phone with patients. After I provide them with the technical assistance they require, we will often chat about how things are going and I will find myself having profound, educational or funny and light-hearted conversations. During a time when many of us are feeling isolated, these conversations have felt especially welcoming and are a reminder that we are all in this together.



**FROM
EXTRAORDINARY
CHALLENGES
COME**

EXTRAORDINARY IMPACT

Facing a global pandemic with generosity

In the face of the global COVID-19 pandemic, Women's College Hospital (WCH) staff, physicians and frontline workers continued to play a unique role within the healthcare system and responded to the needs of our community with courage and conviction. In turn, our community of donors and supporters also generously stepped forward – with an outpouring of donations and support.

Opposite page: Women's College Hospital staff show their appreciation to WCHF's donor community for their ongoing support.

Shortly after COVID-19 struck Toronto in March, WCH Foundation established the COVID-19 Response Fund to help WCH cope with urgent needs related to supporting front-line workers and reaching vulnerable patients and communities who needed immediate care and support.

As of August 2020, over 150 donors had made philanthropic gifts to the COVID-19 Response Fund, with donations ranging from \$20 to over \$160,000 – each meaningful and invaluable, with notes of support that inspired us all.

In addition to cash donations to the Response Fund, new and current community members also reached out with creative, in-kind ways to show their support and thanks to us all for our courage to care during unprecedented challenges.



The Girl Guides of Canada and Sobey's Canada sent cookies; SpinMaster quickly converted plastic headbands from their famous HedBanz game into much-needed protective face shields to help keep WCH staff and patients safe; the LCBO donated ad space; a myriad of restaurants donated meals; and the response to our call for Personal Protective Equipment was overwhelmingly appreciated.

Our community's support provided the wind in our wings to keep going, and became the critical funding needed to help the hospital launch a number of vital initiatives. These included our onsite and virtual COVID-19 Assessment Centre; the ramp up of Long-term Care Plus (LTC+), an innovative 24/7 hotline that is reducing ►



L-R: Jennifer Bernard receives cookies from Girl Guides of Canada President Jill Zelmanovitz; a WCH staff member wears a new HedBanz face shield; WCH staff accept a generous donation of meals for frontline workers.





**Women's College
Hospital exceeded every
expectation there was on
how quickly we were able
to ramp up our activities
to meet the urgent needs
of our community.**



Lawn signs produced by a WCHF board member share messages of thanks and encouragement to WCH healthcare heroes.


unnecessary emergency room transfers for long-term care home residents; and the launch of COVIDCare@Home, a virtual care program designed to help patients with COVID-19 manage their symptoms safely from home. It also enabled us to continue to respond to the most urgent needs of vulnerable patients, including conducting screening at refugee and women's shelters and launching culturally-sensitive support for the Indigenous community via the Centre for Wise Practices in Indigenous Health.

Women's College Hospital exceeded every expectation there was on how quickly we were able to ramp up our activities to meet the urgent needs of our community. The challenges were faced head on, with courage and conviction, values we share with our entire community of donors and that carry forth from our founders. As we continue our journey, we know that every step of the way, our community is by our side – investing, volunteering, advocating and enabling us to harness the opportunities that emerge from the challenges we face. We are proud and inspired by all of you. Thank you.



Jennifer Bernard
President and CEO
Women's College
Hospital Foundation

**If you would like to learn
more about our Foundation,
please visit: wchf.ca**



“Being able to recover from surgery in the comfort of home while remaining fully connected to my care team was so helpful to my recovery.”

Kaori Noguchi
Grateful ambulatory hip-replacement patient

You can help to advance virtual care innovation that will help more patients like Kaori by donating today at www.wchf.ca.

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